

STANDARD CERTIFICATE OF DEATH

State File No. 16343

No. 300

10.48

FILED APR 23 1953

318

1003

Registrar's No. 3810

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Illinois

b. COUNTY

St. Clair

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East Saint Louis

8120

d. FULL NAME OF HOSPITAL OR INSTITUTION PEOPLES HOSPITAL

d. STREET ADDRESS (If rural, give location) #324 Exchange

8

3. NAME OF DECEASED (Type or Print)

a. (First)

Lucy

b. (Middle)

c. (Last)

Washington

4. DATE OF DEATH

(Month)

4-8-53

(Day) (Year)

5. SEX

Female

6. COLOR OR RACE

Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH

August 1, 1906

9. AGE (In years last birthday) 46

10. UNDER 1 YEAR Months

11. UNDER 1 YEAR Days

12. UNDER 1 YEAR Hours

13. UNDER 1 YEAR Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bundle Wrapper

10b. KIND OF BUSINESS OR INDUSTRY MODEL LAUNDRY

11. BIRTHPLACE (City and State or Foreign Country)

Michigan City, Mississippi

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME

unknown

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

Jide Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME

Jide Washington

ADDRESS

324 Exchange

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION

Pulmonary Infarct

ANTECEDENT CAUSES

Cor = Auricular Fibrillation

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

4331

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Dr. J. George MD

23b. ADDRESS

5337 Market Street Mo

23c. DATE SIGNED

4/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

4-11-53

24c. NAME OF CEMETERY OR CREMATORY

Booker Washington

24d. LOCATION (City, town, or county)

E. St. Louis, Illinois

(State)

DATE REC'D BY LOCAL APR 11 1953

REGISTRAR'S SIGNATURE

J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE

C. J. Nash

ADDRESS

111 N. 13th

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

C. J. Noah

Licensed Embalmer No. *2432*

P. O. Address *3847 Page*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.